

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S2		10-16-01
O.I.P.E. CLASSIFIER		151	11-14-01
FORMALITY REVIEW	DmW		
RESPONSE FORMALITY REVIEW	A	676	02/01/02

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓ ✓	1/22/02
2 ✓ ✓	
3 ✓ ✓	
4 ✓ ✓	
5 ✓ ✓	
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7 ✓ ✓	
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48 ✓ ✓	
49 ✓ ✓	
50 ✓ ✓	

Claim	Date
Final	
Original	
51 ✓ ✓	1/22/02
52 ✓ ✓	
53 ✓ ✓	
54 ✓ ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1/14/02